## **STATEMENT OF**

FORM 1	ORGANIZATIO (See instructions)	N	Office use only
NAME OF COMMITTEE (in f	(Check if name Exar ull) is changed) over	nple: If typying, type the lines	12FE4M5
John Hancock	Financial Services, Inc Federal Political	Action Committee	
ADDRESS (number and s	601 Congress St	1 1 1 1 1 1 1 1 1	
(Check if address is changed)	FL <sub>1</sub> 13		
	Boston		MA 02210 _
	CITY▲	S	TATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	ADDRESS (Please provide only one e-mail addre		
(Check if address is changed)	sconcannon@jhancock.com	) 	
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address is changed)	N/A		
	Liiiiiiiiii		
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C C00	137265	
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge an	d belief it is true, correct and c	complete
Type or Print Name of	reasurer Thomas Samoluk		
Signature of Treasurer	Electronically Filed by Thomas Samoluk	<u>.                                    </u>	ate 03 7 30 7 2009
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the	,	
Office Use Only		For further information cor Federal Election Commission Toll Free 800-424-9530	